

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

CRAFT TEXTILE

27220136-outlets 1 & 2

1. MONTH OF NOVEMBER 1, 2008 THRU NOVEMBER 30, 2008

- | | | | | |
|-----|--|------------------------------------|------------------------------------|--------------------------------------|
| 2. | Is Outlet # (8 digit) Correct? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 3. | Is average Total flow-gal.day stated in space provided? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 4. | Is max. Total flow-gal day stated in space provided? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 5. | Is method used to calculate water stated? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 6. | Are number of working days stated? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 7. | Are there any parameters which have exceeded PVSC Local Limits? | <input type="radio"/> Y | <input checked="" type="radio"/> N | N/A |
| 8. | Is proper compliance/non-compliance statement provided? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 9. | Have correct number of samples been submitted? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 10. | Has PHC result been listed on MR-1 report? | <input type="radio"/> Y | <input type="radio"/> N | <input checked="" type="radio"/> N/A |
| 11. | Has sample number been reported in space provided? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 12. | Have all regulated parameters been listed on MR-1? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 13. | Has sample type been stated on MR-1? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 14. | Have all samples been taken during this reporting period? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 15. | Has NJDEPE certified lab been used? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 16. | Have analytical results been submitted on copies of Laboratory stationery? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 17. | Have results been written in space designated on MR-1? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 18. | Is correct method used to preserve samples stated on MR-1? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 19. | Has MR-1 been signed by authorized representative? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 20. | Has information been submitted on proper MR-1 form? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 21. | Remove Arsenic from report if sampling not required | <input type="radio"/> Y | <input type="radio"/> N | <input checked="" type="radio"/> N/A |

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

Craft Textile

27220136

First Reviewer: comments on deficiencies COMPLETEDate Reviewed 1/12/09 Date sent to user _____Date due back _____ Reviewer C.J.M.Second review comments on deficiencies

Date Reviewed _____ Date sent to user _____

Date due back _____ Reviewer _____

Date _____ Reviewer _____

PRETREATMENT MONITORING REPORT

NAME: Craft Textile Printing Co., Inc.
 MAILING ADDRESS: P.O. Box 2761, Paterson, NJ 07509-2761
 FACILITY LOCATION: 44 Beech Street, Paterson, NJ 07501
 Category & Subpart: 9999 OUTLET # 1
 Contact Official: H.R. Casparian Telephone # 973-278-3818
 New Customer ID/Outlet ID: 27220136-1 Old Outlet Designation: 27400061



MONITORING PERIOD

START	END
11/1/2008	11/30/2008
m/d/yr	m/d/yr

Regulated Flow(gal/day)
 Total Flow (gal/day)

Average Maximum
 N/A

35846 39431

Method Used:

Gallons in less 5% evap. divided by
 production days in month (11)

Production Rate: N/A

Parameter		Mass or Concentration			# of Samples	Sample Type
		Mon Avg	Maximum	Units		
Zinc	Sample Measurement	0.0374		mg/l	1	Comp
	Permit Requirement	1.67		mg/l		
Copper	Sample Measurement	0.218		mg/l	1	Comp
	Permit Requirement	.092/3.02		mg/l		
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					

PVSC Form MR-1 Rev: 4 6/87 P1

Certification of Non-Use if applicable (use additional sheets)

N/A

Compliance or non-compliance statement with compliance schedule for every parameter used:

< Local Limits: ZN , CU

> Local Limits: N/A

< Threshold Values ZN

> Threshold Values: CU

Craft Textile Printing Co., Inc., is in compliance with local limits.

Explain "Method for preserving samples:

Refrigerator until end of pumping, then nitric acid as a preservative to a pH less than 2.

I certify under penalty of law that this document and attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or the persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

403.6(a)(2)(ii) revised by 53 FR 40610. October 17, 1988

Signature of Principal


executive or authorized agent

H.R. Casparian-President

Name-Title

12/1/2008

Date

PVSC Form MR-1 Rev: 5 3/91 P2

PRETREATMENT MONITORING REPORT

DEC - 3 2008

NAME: Craft Textile Printing Co., Inc.
 MAILING ADDRESS: P.O. Box 2761, Paterson, NJ 07509-2761
 FACILITY LOCATION: 44 Beech Street, Paterson, NJ 07501
 Category & Subpart: 9999 OUTLET # 2
 Contact Official: H.R. Casparian Telephone # 973-278-3818
 New Customer ID/Outlet ID: 27220136-2 Old Outlet Designation: 27400062

MONITORING PERIOD

START	END
11/1/2008	11/30/2008
m/d/yr	m/d/yr

Average Maximum
 Regulated Flow(gal/day) N/A
 Total Flow (gal/day) 25084 27592

Method Used:

Gallons in less 5% evap. divided by
 production days in month (11)

Production Rate: N/A

Parameter		Mass or Concentration			# of Samples	Sample Type
		Mon Avg	Maximum	Units		
Zinc	Sample Measurement	0.0789 ✓		mg/l	1	Comp
	Permit Requirement	1.67		mg/l		
Copper	Sample Measurement	0.0511		mg/l	1	Comp
	Permit Requirement	.092/3.02		mg/l		
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					

PVSC Form MR-1 Rev: 4 6/87 P1

Certification of Non-Use if applicable (use additional sheets)
N/A

Compliance or non-compliance statement with compliance schedule for every parameter used:

< Local Limits:	ZN , CU	> Local Limits:	N/A
< Threshold Values	ZN , CU	> Threshold Values:	N/A

Craft Textile Printing Co., Inc., is in compliance with local limits.


Explain "Method for preserving samples:

Refrigerator until end of pumping, then nitric acid as a preservative to a pH less than 2.

I certify under penalty of law that this document and attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or the persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

403.6(a)(2)(ii) revised by 53 FR 40610. October 17, 1988

Signature of Principal


executive or authorized agent

H.R. Casparian-President

Name-Title

12/1/2008

Date

PVSC Form MR-1 Rev: 5 3/91 P2



CHAIN OF CUSTODY RECORD

284 Sheffield Street, Mountainside, NJ 07092
(908) 789-8900 Fax (908) 789-8922
www.chemtech.net

CHEMTECH PROJECT NO. 7 5300
QUOTE NO. 074228
COC Number

CLIENT INFORMATION				CLIENT PROJECT INFORMATION				CLIENT BILLING INFORMATION					
COMPANY: <u>CRACK TITILE PRODUCTS Co., Inc.</u>				PROJECT NAME: _____				BILL TO: _____					
ADDRESS: <u>P.O. Box 2761</u>				PROJECT NO.: _____				ADDRESS: _____					
CITY: <u>PATERSON</u> STATE: <u>NJ</u> ZIP: <u>07504</u>				PROJECT MANAGER: _____				CITY: _____ STATE: _____ ZIP: _____					
ATTENTION: <u>H.R. CASPARIAN</u>				e-mail: _____				ATTENTION: _____					
PHONE: <u>973-278-3818</u> FAX: <u>973-523-8177</u>				PHONE: _____ FAX: _____				PHONE: _____					
DATA TURNAROUND INFORMATION				DATA DELIVERABLE INFORMATION				ANALYSIS					
FAX: _____ DAYS: _____				<input type="checkbox"/> RESULTS ONLY <input type="checkbox"/> USEPA CLP				PRESERVATIVES					
HARD COPY: _____ DAYS: _____				<input type="checkbox"/> RESULTS + QC <input type="checkbox"/> New York State ASP "B"									
EOD: _____ DAYS: _____				<input type="checkbox"/> New Jersey REDUCED <input type="checkbox"/> New York State ASP "A"									
PREAPPROVED TAT: <input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> New Jersey CLP <input type="checkbox"/> Other _____									
STANDARD TURNAROUND TIME IS 10 BUSINESS DAYS				<input type="checkbox"/> EDD FORMAT									
CHEMTECH SAMPLE ID		PROJECT IDENTIFICATION		SAMPLE TYPE		SAMPLE COLLECTION		DATE		TIME		COMMENTS	
1. <u>OUTLET #1</u>				X		X		11/5/08		10:00 AM		2	
2. <u>OUTLET #2</u>				X		X		11/5/08		10:00 AM		2	
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
SAMPLE CUSTODY MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION INCLUDING COURIER DELIVERY				SPECIFY PRESERVATIVES				COOLER TEMP.					
RECEIVED BY: <u>H.R. Casparian</u> DATE/TIME: <u>11/5/08 10:00 AM</u>				A-HCl B-HNO ₃ C-H ₂ SO ₄ D-NaOH E-ICE F-Other				Cooler Temp. <u>4°C</u>					
RECEIVED BY: _____ DATE/TIME: _____				Conditions of bottles or coolers at receipt: <input type="checkbox"/> Compliant <input type="checkbox"/> Non Compliant				Ice in Cooler?: <u>YES</u>					
RECEIVED BY: <u>H.R. Casparian</u> DATE/TIME: <u>11/5/08 13:05</u>				MeOH extraction requires an additional 4 oz jar for percent solid.									
RECEIVED BY: <u>H.R. Casparian</u> DATE/TIME: <u>11/5/08</u>				Compliance:									
RECEIVED BY: _____ DATE/TIME: _____				SHIPPED VIA: CLIENT: <input type="checkbox"/> HAND DELIVERED <input type="checkbox"/> OVERNIGHT				SHIPMENT COMPLIANT: <input type="checkbox"/> YES <input type="checkbox"/> NO					
RECEIVED BY: _____ DATE/TIME: _____				CHEMTECH: <u>STOCKED UP</u> <input type="checkbox"/> OVERNIGHT									
RECEIVED BY: _____ DATE/TIME: _____				Page <u>1</u> of <u>1</u>									
RECEIVED BY: _____ DATE/TIME: _____				WHITE - CHEMTECH COPY FOR RETURN TO CLIENT				YELLOW - CHEMTECH COPY PINK - SAMPLER COPY					

Dec. 1. 2008 4:44PM chemtech

No. 3564 P. 9/14

Chemtech Consulting Group**Hit Summary Sheet
SW-846**

SDG No.: Z5300

Order ID: 25300

Client: Craft Textile Printing

Project ID: Permit Renewal 2008

Sample ID	Client ID	Matrix	Parameter	Concentration	C	RDL	MDL	Units
Client ID:	OUTLET1							
Z5300-01	OUTLET1	WATER	Copper	218		10.0	2.400	ug/L
Z5300-01	OUTLET1	WATER	Zinc	37.4		20.0	4.800	ug/L
Client ID:	OUTLET2							
Z5300-02	OUTLET2	WATER	Copper	51.1		10.0	2.400	ug/L
Z5300-02	OUTLET2	WATER	Zinc	78.9		20.0	4.800	ug/L

DRIFT DOWN DOX

NON USE CERTIFICATION MONITORING REPORT LOCAL LIMITS

NAME: CRAFT TEXTILE

MAILING ADDRESS: _____

FACILITY LOCATION: _____

CATEGORY & SUBPART _____

PERMIT #: _____

OUTLET #: 27220130-2

CONTACT OFFICIAL: _____

TELEPHONE #: _____

I have been authorized to certify non-use for the following heavy metals:

Arsenic _____	Lead _____	Zinc _____	SAMPLE DATE			
Cadmium _____	Mercury _____		MONTH	DAY	YEAR	
Chromium _____	Molybdenum _____		11	05	08	
Copper <input checked="" type="checkbox"/>	Nickel _____					

PARAMETER		CONCENTRATION			SAMPLE TYPE
		RESULT	THRESHOLD VALUE EXCEEDED YES OR NO	UNITS	COMP/GRAB
COPPER	Sample Measurement	0.0511	n	mg/L	comp.
	Threshold Value	0.092		1	
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				

PVSC Form MR-3 10/96